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The Pennsylvania Psychologist

Vol. 76, No. 4

APRIL 2016 • UPDATE



So Your Niece Wants to Major in Psychology... uh, Be a Barista?¹

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In a recent town hall meeting, presidential candidate Jeb Bush commented that getting a psychology degree was a career decision disaster. He stated, "It is important to have liberal arts... but realize you're going to be working at Chick-fil-A." Instead, he stated, young people should go into more technical or vocational fields and become plumbers, electricians, or teachers (Mills, 2015). Mr. Bush's opinions reflected a widespread belief disparaging higher education (especially liberal arts) and extolling the value of vocational education. However, a data-driven analysis suggests a more complex picture. This article will look at the economic and noneconomic benefits of an undergraduate psychology degree.

¹This article is simultaneously being published in the *Texas Psychologist*, the official publication of the Texas Psychological Association.

Is an undergraduate degree in psychology a financial mistake, as Mr. Bush suggests?

Psychology is a popular major. According to the National Center for Educational Statistics, in 2011–2012, 109,000 students graduated with undergraduate degrees in psychology (business was the most popular major with 370,000 graduates). After graduation most psychology majors will enter the workforce directly. Almost 50% will work for for-profit companies, and about 10% will work for government

or nonprofit agencies (APA Center for Workforce Studies, 2010). Some common jobs include working in management, customer relations, advertising, sales, criminal justice (such as probation or parole officers), or social service positions. About one in four psychology graduates will eventually go on for a masters degree (sometimes in fields other than psychology) and less than 5% go on to earn doctoral degrees in psychology.

Is an undergraduate degree in psychology a financial mistake, as Mr. Bush suggests? Many policymakers and pundits share his opinions. A certain brand of critique of higher education in general is grounded in an effort to reduce the educational experience to free-market terms. In this analysis, the student is a *consumer* who is looking for

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The Pennsylvania Psychological Association has a proud tradition of psychologists engaging in policy and advocacy work to help enhance the professional climate in the Commonwealth. However, given the nature of the profession, we do acknowledge that achieving the flexibility (particularly financially) to come to Harrisburg can be difficult. However, there is good news – just because you couldn't visit the Capitol this April in person does not mean you cannot take action! Here are five ways in which you can be more involved:

- 1 Locate and visit your legislator.** Legislators are the lawmakers of Pennsylvania, and it can be beneficial to know the individuals who you need to be on your side. You can locate your legislators and other elected officials by going to www.legis.state.pa.us and searching by your zip code. It is much tougher for legislators to discount the advice of someone they know. That someone could be you!
- 2 Communicate your position.** Whether it is writing a personal letter, e-mailing, making a telephone call, or meeting with your legislator, you can communicate your concerns and policy initiatives to your state representative and/or senator. If you have something you care about, take action and contact your legislators! The more letters and phone calls legislators receive, the more likely they are to listen. Remember, legislators work for voters – that's us!
- 3 Donate at least \$20 to the PennPsyPAC.** PPA has a political action committee that is focused on funneling resources to candidates who share our goals and value the importance of psychologists, mental health care, and the patients we serve. Your donation enables PPA to have a powerful voice in Harrisburg. Donate at www.pennpsypac.org today!
- 4 Organize a grassroots effort locally.** Even if you are a psychologist in a private practice, chances are you know other psychologists in your area. You have the power to mobilize and build a grassroots effort around things that will help the profession of psychology. You can use Facebook, Twitter, Tumblr or Change.org (all free!) to help get the word out and increase the number of people helping you. Contact justin@papsy.org for tips on building your grassroots effort.
- 5 Contact the media.** A simple letter to the editor or op-ed can go a long way when trying to share your message. Be sure to make your points short and specific. Don't expect editors to be experts in the fields of psychology or research. Similar to legislators, they only know what you tell them. Need support in writing your piece? E-mail justin@papsy.org for assistance.

Handling Low-Income Patients With High Deductibles

Samuel Knapp, EdD, ABPP; Director of Professional Affairs¹

Over the last 30 years, health insurance policies have gradually increased the amount that consumers have to pay for their health care in the form of deductibles, copays, or coinsurance. In 2014, about 70% of plans in the Health Exchange had deductibles under \$3,000 (6 Things to Know about the Health Insurance Marketplace, 2014). However, bronze plans under the Health Exchange averaged around \$5,000 for deductibles. Some Pennsylvania plans had deductibles that were even higher. Of course the rise in deductibles, copays, and coinsurance has been occurring for many years and is also a problem for beneficiaries with more traditional commercial policies.

The issues can get more complicated, however, in that some policies have separate deductibles for in-network and out-of-network providers. Also some employers have health savings accounts or other sources that pay a portion (or all) of their employees deductibles. Some insurers or employers want their employees to share part

of the burden of health care under the theory that consumers will be more parsimonious about using their health care benefits.

Very often psychologists find it necessary to explain the differences between deductibles, copays, and coinsurance. The definitions for these terms (found from a website managed by CMS) are found in the glossary to the right.

For some patients with higher incomes, these high deductibles do not present a barrier to treatment. They may have chosen the high deductible plan out of a sound and reasoned review of the cost implications to themselves.² Nonetheless, for patients

²For example, a patient could have purchased a policy with low deductibles and copays for \$12,000 a year (it might be considered “platinum” under the health exchanges). Or she could have also bought another policy with higher deductibles and copays for \$6,000 a year (it might be considered “bronze” under the health exchange). Nonetheless, if the bronze policy capped yearly expenses to the beneficiary at \$12,000 a year including premiums, then it would make sense for the patient to choose the second plan because, she could never spend more (and would very likely spend less) under the bronze plan than the platinum plan even if she had extraordinarily high medical utilization in the policy year.

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Glossary

Coinsurance: “Your share of the costs of a covered health care service, calculated as a percentage (for example 20%) of the allowed amount for the service. You pay coinsurance after you’ve met your deductible. For example, if the health insurance plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your 20% coinsurance would be \$20. The health plan pays the rest”

Copayment: “A fixed amount (for example \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.”

Deductible: “the amount you owe for covered health care services before your health insurance plan begins to pay. For example, if your health insurance is \$1,000, your plan won’t pay anything until you’ve paid \$1,000 for covered service. Some plans pay for certain health care services before you’ve met your deductible”

(Retrieved from <https://www.healthcare.gov/glossary/>)

¹The author thanks members of the PPA Insurance Committee who reviewed an earlier version of this article.

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HANDLING LOW-INCOME PATIENTS

Continued from page 4

with more modest incomes or patients with unusual financial stresses, high deductibles, copays, or coinsurance can create a barrier to treatment. In essence high deductible plans for low-income patients will cover a few wellness visits or perhaps some emergency room visits, but otherwise become useful primarily for costly or catastrophic illnesses.

Many psychologists want to ensure that these low-income but insured patients will have access to services and will try to make financial accommodations so that they can afford treatment. The options available to psychologists will depend on whether they are in-network or out-of-network with the patient's insurer. Some out-of-network psychologists will attempt to accommodate low-income patients with high deductibles by reducing their fees. For example, one psychologist had a patient with a \$2,000 year deductible. The patient had financial needs so the psychologist, who was out of network for the insurance company, reduced her fee from \$150 to \$75 for this patient. In this situation, the patient can only count \$75 toward her deductible.

However, the psychologist should not misrepresent what the patient paid. For example, she should not present the patient with a bill for \$150 to submit to the insurer, but then have a side verbal agreement with the patient only to collect \$75.

It creates practical and ethical issues as to whether the out-of-network psychologist should offer this lower fee to a patient who might, or might not, reach the deductible and have some insurance coverage. Some patients have ongoing health care concerns and they have reason to expect that they will meet their deductible this year. It may be prudent for them to pay the full amount so that they could reach their deductible sooner. Some high deductible plans have very low copayments or coinsurance once the deductible is met. However, for many patients, it is unlikely, albeit possible, that they would reach their deductible.

Psychologists who are in network with the insurer must charge the contracted rate to the patient. So if the insurance company allowed \$100 for a session and the psychologist was in network, the psychologist would need to bill the insurer for the service and collect any copayment or coinsurance as found in the contract. Typically is it prudent to require patients to pay the full copayment at the time the service is delivered. Nonetheless, some

psychologists will defer collecting the full copayment for certain patients, on a case-by-case basis, if they are having trouble affording the cost of therapy.

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Discharging Patients Who Do Not Pay Their Bills

Samuel Knapp, EdD, ABPP; Director of Professional Affairs¹



Dr. Samuel Knapp

Nothing requires psychologists to continue to see patients who fail to pay their bills (unless that patient is in an emergency; see Knapp et al., 2013). Ideally, psychologists will only accept patients who have the financial resources to pay for services, or they will deliberately decide to treat some patients at a reduced rate.

It does not happen often, but sometimes psychologists will encounter patients who simply do not pay for services, despite having the financial resources to do so. Most experienced psychologists have had the experience of encountering patients with low or middle incomes who scrap and save and ensure that their bills are paid on time; while also encountering patients with substantial discretionary income who resisted paying the debts that they have willingly incurred. One patient wanted to argue with his psychologist about his unpaid bill stating that taking the expensive vacation was essential to his mental health and therefore he could not both pay the psychologist and take the vacation at the same time. Another patient indignantly exclaimed, "How can I possibly pay the \$500 I owe you, when I just had to pay my home contractor \$10,000?"

Of course the best strategy is to require payment for services ahead of time. Some psychologists have refused to see patients who arrive for treatment without the funds to pay for the service. Other psychologists will go ahead and see such patients, but otherwise insist

on prompt payment. One option is to have the patients give their credit card information for the psychologist to keep on file (Knapp, 2015), although it is important to be clear about any additional fees that may be involved. In any event, I advise psychologists never to let large debts accumulate without addressing those issues with patients, including advising patients that the consequences of nonpayment would mean the termination of services. Psychologists have no obligation to see nonemergency patients for free and may refer them elsewhere. If patients are in an emergency, however, psychologists should continue to see them until they get stabilized, even if they know that these patients will never pay the bills incurred.

It is prudent for psychologists to cover billing procedures clearly in their informed consent document including who is responsible for the fee, how it is collected, and the relationship (if any) between the psychologist and the insurance company (Younggren, 2011). Any confusion or misunderstandings about nonpayment should be dealt with early. The optimal approach is to address the problem in a nonaccusatory and educational fashion, and to ensure that patients understood the billing policies. Sometimes patients are confused and at other times nonpayment reflects dissatisfaction with the quality of services they are receiving. Problems with nonpayment are more likely to occur when unmarried or divorced parents are sharing financial responsibility for the treatment of a child and they disagree among themselves as to who is responsible for the debt. Also, nonpayment issues sometimes occur when psychologists are doing assessments

that insurance companies do not cover. In those situations many psychologists will require payment up front.

But, I recommend that psychologists who are covered by HIPAA do not withhold records as a condition of nonpayment. This issue gets complicated. Although the APA Ethics Code allows psychologists to withhold records from patients until payment is made (unless it is an emergency), HIPAA requires health professionals to at least provide a written summary of services to patients (protected health care information) at no cost. So psychologists could avoid sending out their notes by creating a written summary of the treatment, but it hardly seems worth the effort to spend the time to create a written summary only to avoid sending out the actual psychotherapy notes.

Psychologists are not abandoning nonemergency patients who fail to pay for services as long as they provide appropriate referrals. Nonetheless, terminating nonpaying patients against their wishes can make them angry, even if the psychologist notified the patients of the consequences of nonpayment ahead of time, gave the patients the opportunity to rectify the financial problems, and gave the patients appropriate referrals. In addition, attempts to use collection agencies or small claims courts, although often successful, may generate ill feeling and should be avoided if possible.

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¹The author expresses appreciation to members of the PPA Insurance Committee who commented on an earlier draft of this article.

Pro Bono, Reduced Fee, or Discounted Services: Legal, Clinical, and Pragmatic Considerations

Samuel Knapp, EdD, ABPP, Director of Professional Affairs¹

Many psychologists generously offer pro bono (free), low cost, or discounted services to needy patients who could not afford the entire cost of therapy. Earlier versions of the APA Ethics Code required psychologists to give away some services, although it was not, to my knowledge, ever defined or enforced. The current ethics code does not include that requirement although Aspirational Principle D (Justice) does state that “psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology” (APA, 2010). Questions arise, however, as to the process of determining when to offer discounted fees.

Psychologists who accept insurance have their rates and policies concerning deductibles established by the insurance companies. Typically insurance contracts require health care professionals to collect the copay and do not permit a routine waiver of either the deductible or copay. Psychologists who have not entered into insurance contracts can charge whatever they want, assuming that the patient has agreed to the fee ahead of time. In those situations, should, or how often should, psychologists adjust the fee downward for persons with limited financial resources?

Patients vary substantially in how they view money or financial obligations. Some patients with limited means are very conscientious about

Patients vary substantially in how they view money or financial obligations.

paying bills and do not ask for favors. Others will accept lower fees, but do so responsibly. One patient was given a reduced fee but, during the course of therapy, received a substantial bonus at her job. She mentioned this to the treating psychologist and offered to pay the full fee. She expressed her appreciation to the psychologist for giving her the lower fee when she started therapy and then stated, “Now you can offer a lower fee to another deserving client.” Another patient received a small raise at work and then offered to pay her therapist \$10 a session more since she had more economic resources. Another psychologist allowed a patient to defer payment for therapy because of pressing financial needs, although such decisions require some degree of faith in the integrity of the patient (and their future economic resources). On the other hand, some patients who are well off financially sometimes refuse to pay debts that they willingly incurred.

Psychologists may wish to take into account several factors related to discounted fees. First, psychologists should consider the impact of the reduced fee on their own economic well-being. No reasonable psychologists went into this field to earn a lot of money. Nonetheless, it is only natural

that psychologists would want to provide for their families, send their children to college, save for retirement, and have some comforts of life. Some psychologists who have good economic resources may be in a better position to offer discounted services than others. Psychologists may wish to revisit their pro bono policy every few years to ensure that it is still viable for them.

I recommend that psychologists think deliberately about giving back to the community. Spontaneously offering a reduced fee to a patient who engenders spontaneous feelings of sympathy might not be the optimal manner to respond. Instead, the psychologist may decide to carry so many pro bono patients at any given time. That way a psychologist can better predict the economic impact of deciding to reduce the fee for a particular patient. I have known psychologists who spontaneously offered reduced fees to particularly sympathy inducing patients, only to have them become long term patients with chronic needs. After a few months the psychologists began to resent the patients, especially after they had to turn away other patients who would be willing to pay the full fee.

Other psychologists “give back” in other ways. Some psychologists may seldom discount fees for their patient, but nonetheless provide services to agencies at fees far below their usual hourly fee out of a commitment to the mission of that agency. One psychologist regularly consults with a local women’s shelter at a substantially reduced fee because of her belief in the mission of the agency.

¹The author expresses appreciation to members of the PPA Insurance Committee who reviewed an earlier version of this article.

PRO BONO, REDUCED FEE OR DISCOUNTED SERVICES

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Also, psychologists should consider the effect of the discounted fee on the patient. Will patients invest more if they pay a full price? Some patients express great dedication and value in therapy, view it as a positive opportunity to enhance their lives, attend sessions conscientiously, and do homework assignments. The fact that they are paying something for the service (even if it is a reduced fee) may increase its perceived value. It may harm therapy to offer reduced fees to persons who are not motivated for treatment.

Some psychologist will reduce fees by applying a fixed sliding scale formula, although these often fail to capture the totality of the patients' financial needs. One patient earning \$60,000 a year may be able to afford the full fee of the psychologist, while another patient with the same income would have responsibilities for the care of others, pre-existing student loans, or other financial obligations which would make payment of the same amount much more difficult.

Whenever psychologists discount fees, I recommend documenting in the patient record the arrangement made and why. I would also ensure that the agreement on fees is explicit and in writing. It is bad practice to allow fees to go uncollected week after week in the absence of a formal agreement. I am aware of well-meaning psychologists who told patients, "you can pay me later when you get the money," only to have the patients run up huge debts in the absence of any written agreement. While it may be indicated to defer such conversations for a patient in acute distress, it creates the potential for misunderstanding and ill feeling if such statements are not clarified quickly.

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the best value for the tuition dollar. And how is this value to be measured? Income is certainly a good outcome measure. It is concrete, easily captured interval scale data, and most everybody can relate to dollars. However using salaries as the paramount way to keep score represents a seismic change in the role of education. In ancient times, when your authors were in school, students were not viewed as consumers: they were the *product*. Universities were places to immerse oneself in the breadth and depth of intellectual life of one's culture in the company of like-minded, energetic young people who were expected to do a lot more than merely acquire job skills. Students and their parents expected universities to produce educated persons, not mere technicians. It is ironic that Mr. Bush (and many others who denigrate higher education) want to compare university education with vocational school.

Suspending our reservations for the moment, let's assume that financial gain is really the only legitimate justification for higher education. Even here the critics have distorted reality for their own argument. From a purely financial perspective a college education confers lifelong earning benefits that more than justify the initial costs. According to the Bureau of Labor Statistics (2015), the unemployment rate of Americans with less than a high school education was 9%, for those with a high school education it was 6% and for those who had completed college it was 3.5%, and for those with doctoral or professional degrees it was less than 2%. In addition, the average college graduate will earn almost twice as much, over their lifetime, than the average high school graduate (Julian, 2012). The ratio is even greater when compared to the earnings of a high school dropout.

However, our question focuses more specifically on the economic value of a psychology degree as

opposed to a college degree in general. Admittedly, among college majors, psychology is among the lower paying degrees, comparable to literature or history degrees. Data gathered from psychology majors who graduated from Texas A&M in 2012 suggest that the average psychology major may expect to enter the workforce earning \$38,000 per year (Texas A&M Career Center, 2013). Education and art degrees lead to the poorest occupational future of all degrees (Pathways, 2010). Nonetheless, even among psychology graduates, the economic investment historically has paid off financially as the average psychology major will make \$800,000 more, over the course of a lifetime, than the average high school graduate (Julian, 2012).

From a purely financial perspective a college education confers lifelong earning benefits that more than justify the initial costs.

Plumbers, electricians, and other skilled workers provide useful and important public services in rapidly expanding fields. Furthermore, the entry requirements are not overly burdensome. Plumbers and electricians must have a high school education (although technical training in high school is required and they must have an extensive apprenticeship experiences). Plumbers make an average of \$49,000 a year and electricians make an average of \$54,000 a year. Although above the national average (\$47,000; Bureau of Labor Statistics, 2015), they hardly represent an economic gold mine and, even accounting for the relatively lower educational investment, they do

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not represent an economic advantage compared with a bachelor's degree in psychology.

We do not mean to imply that all is well in the field of undergraduate psychology education. We can identify two factors that dilute the value of the undergraduate psychology degree. First, it is evident that the profession (that's the state and national associations including both the American Psychological Association and the Association for Psychological Science) has not done enough to promote the value of the psychology major in the larger workplace. Strategies for accomplishing this are beyond the scope of this article, but one hopes for a more robust marketing of this major in the future.

The second problem is numbers and quality of the undergraduates who hit the marketplace. Undergraduate psychology education, like all undergraduate education is challenged by the rapid explosion of for-profit proprietary schools and predatory career colleges whose graduates have not experienced the economic benefits associated with more traditional undergraduate education. According to one source, graduates of predatory schools earn less, on the average, than high school graduates (Editorial Board, 2014). A high percentage of students do not graduate with a meaningful education, but nonetheless entail large student debts that they are unable to pay. Some programs have student debt nonpayment rates higher than 40% (Obama Administration,

2014). The Department of Education is in the process of approving regulations that will force these colleges to upgrade their standards or face closure. Given that a number of these schools specifically mention a "psychology degree" in their marketing, it would behoove our professional associations to likewise develop higher, clearer standards for the undergraduate psychology major.

Psychology is an integral part of every major discipline that we can think of and some psychological knowledge appears essential for many disciplines and majors.

However, this data-driven analysis shows that, even without upgrading the standards for the major, Mr. Bush's "Chick-fil-A hypothesis" was flawed from a purely economic perspective. A bachelors' degree in psychology will, in the long run, lead to greater earning power than that of a plumber or electrician, although there are individual examples to the contrary. Nonetheless, we note that graduates of predatory, for-profit proprietary schools have not, on the whole, experienced the economic advantages found by graduates of more traditional colleges.

What about the noneconomic value of a college education? A college education confers social and individual

benefits that go beyond those of economic potential. First, a liberal arts education exposes students to, and helps them appreciate, the performing, visual, and literary arts. This can help them cultivate a lifetime appreciation that will improve the quality and appreciation of their lives in many ways.

In addition to the humanities, a liberal arts education exposes students to the social sciences. Exposure to disciplines that advocate rigorous methods of inquiry helps students to think independently in their personal lives and as future citizens. Social sciences touch directly on the real world concerns that young people have as they emerge into adulthood. Ideally, students should learn to value scholarship and learn to think critically but not cynically (a distinction that has become blurred in contemporary conversation). Although many majors can help students develop critical thinking and communication skills, the psychology major is especially positioned to do so. Psychology touches on other disciplines in a way that few do. Psychology is an integral part of every major discipline that we can think of and some psychological knowledge appears essential for many disciplines and majors. For example, although Texas A&M University has a more than 1,000 psychology majors, approximately 7,000 students take the introductory psychology course each year as they fulfill the distributions requirements that other departments impose.

Furthermore, our field is based on rigorous discussions about evidence. We

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ask students to evaluate the strengths and weaknesses of empirical claims. And we teach students to think about the layers of human experience that range from the specific components of an individual (the neurotransmitter to the neural network to the plasticity of the brain) to their social network (to the personality, the family, the local context) and the larger society (social and multicultural foundations of their lived experience).

Undergraduate psychology majors are in fact filling many roles which are important in our society. A few go on to graduate school, and many others pursue professional education (as lawyers, physicians, nurses, physical therapists, and occupational therapists). Many others move directly into the workforce as probation officers, human resources (e.g. management, public relations, personnel selection, etc.) entrepreneurs, school teachers, and numerous other

careers which help hold our communities together. Psychology majors should bring more to the table in all these roles than the critics might realize.

Finally democracies tend to do better when the citizenship is educated (such as Western Europe, North America, Japan, Korea, Australia, New Zealand, etc.) and authoritarian governments tend to exist when the citizenship lacks widespread education (such as in many Central American or African countries), although there are a few exceptions to this general trend. A poorly educated populace is a boon to bankers, advertisers, politicians and other professional sophists. In contrast, psychology graduates will be better able to think critically. Ideally they will have learned about persuasion techniques (“foot-in-the-door,” “door-in-the-face” techniques, etc.), the way in which heuristics and bias can distort our thinking, the origins of prejudice, and ways to reduce out-group bias. During this election year the electorate will be subjected to a variety of persuasive cheats and faulty arguments. We

will fare better if the public understands the harmfulness of stereotyping and can identify the fallacies in arguing causality from correlational data. Well trained psychology majors understand these issues.

Undergraduate psychology majors are in fact filling many roles which are important in our society.

That does not mean we cannot do better. Undergraduate educators are always challenged with the goal of improving the educational outcomes of their students. We noted some of the challenges experienced by graduates of predatory colleges. Numerous

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conversations with academics in traditional colleges and universities reveal that psychology departments are experiencing increasing demands to maximize class sizes and to accomplish more with fewer resources. Psychology enjoyed a growth spurt in recent decades but, as in the world of practice, the golden age has passed. While the undergraduate major remains popular, the high numbers of students are not always matched with commensurate resources. Class sizes mushroom and quality slips.

In addition, psychology teachers are often confronted with nonscientific beliefs of their students. As most teachers of introductory psychology can attest, many students expect psychology to be intuitive, experiential, and easy. Dr. Laura King, author of a popular introductory textbook in psychology, described the following interaction with one student. The student asked, "Dr. King, when are we going to get to psychology?" Dr. King explained that the material they were covering on physiological psychology and perception was psychology. The student replied, "I mean, when are we going to get to psychology, so far this has all just been science" (King, 2008, p. xvi). They soon learn that psychology is a science (identified as a STEM discipline) and requires hard work to master its knowledge base and methodology. Ideally graduates will acquire critical thinking and communication skills, information about human behavior, and ways to understand and cooperate with others.

Conclusion

Although some recent psychology graduates will end up working as baristas or other low paying jobs temporarily while they look for other work, it is misleading to suggest that a psychology major has no meaningful career options. It is also misleading to promote vocational jobs as substantially more financially rewarding than a college degree in psychology. We certainly support opportunities

for individuals to become trained as plumbers, electricians, or other skilled workers, however these should not be promoted as occupations designed to rescue under-employed psychology majors. Finally, we need to continually strive to make undergraduate education (including that of psychology majors) meaningful by finding ways to address the exploitative practices of predatory schools, raise the quality standards across all programs, and do a better job of marketing the discipline to the public at large.

Undergraduate students of psychology do more than receive economic benefits from their study. Liberal arts graduates, in general, learn to think critically and appreciate the arts. In addition, psychology students receive a special emphasis on scientific, data-driven reasoning and the skills that make them more intelligent citizens of a democratic society.

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